

JAN 22 1929.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39904

1. PLACE OF DEATH

County Clay
~~Ballwin~~
Township Ballwin
City North Kansas City, Mo.

Registration District No. 197
Primary Registration District No. 5276

File No. _____
Registered No. 77
St. _____ Ward _____

2. FULL NAME

Bessie Ellean Ford

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 15 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5-1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 6 | 5 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Ford

11. BIRTHPLACE OF FATHER (CITY OR TOWN) no
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mabel Corum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) no
(STATE OR COUNTRY)

14. INFORMANT Henry Ford
(Address) R.F.D. North Kansas City, Mo.

15. FILED Dec 28 1928 GRH:agg
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 20 19 28

17. I HEREBY CERTIFY, That I attended deceased from 8:30 P.M. to 8:30 P.M. that I last saw him alive on Dec. 20 at 8:30 P.M. and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
11 A
107 A (duration) _____ yrs. _____ mos. 03 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) _____ yrs. _____ mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED no
IF NOT AT PLACE OF DEATH, DATE OF _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Mama Johnson D.O.
12/20, 1928 (Address) 428 Lee Bldg. K.C. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Smithville, Mo DATE OF BURIAL 12/22, 1928

20. UNDERTAKER Morton & Co ADDRESS Mo, K.C., Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

